THE MEDICAL FORTNIGHTLY

VOLUMES XXXI-XXXII, 1907

Fortnightly Press Co., Publishers

CATALOGUED DEC 14 1909 J. F. B.

THOS. A. HOPKINS, M. D., Managing Editor

BOSTON MEDICAL LIBRARY DEC 14 1909

CONTRIBUTORS

ARONSTAM, NASH E. .....Detroit, Mich.
AUSTIN, MAYNARD A. .....Anderson, Ind.
ABRAMS, ALBERT .....San Francisco, Cal.
BROWN, ORVILLE HARRY ....Mt. Vernon, Mo.
BUCHANAN, J. ROBERT .....Nevada, Mo.
BROWN, A. C. F. .....St. Louis, Mo.
BENEDICT, A. L. .....Buffalo, N. Y.
BOICE, C. A. .....Washington, Ia.
BARNES, ROLLIN H. .....St. Louis, Mo.
BURNETT, S. GROVER .....Kansas City, Mo.
BUTLER, GEO. F. .....Chicago, Ill.
BOOTH, DAVID S. .....St. Louis, Mo.
BARTH, I. V. .....St Louis, Mo.
CRUMMER, LeROY .....Omaha, Neb.
CAMPBELL, GIVEN .....St. Louis, Mo.
CRANE, WILLIAM W. .....Sinclair, Ill.
CLARK, E. SPENCER .....St. Louis, Mo.
COOK, JEROME E. .....St. Louis, Mo.
DEAN, JOHN McHALE .....St. Louis, Mo.
ECCLES, R. G .....Brooklyn, N. Y.
ELLINGWOOD, FINDLEY .....Chicago, Ill.
GAUMER, J. S. .....Fairfield, Ia.
GRADWOHL, R. B. H. .....St. Louis, Mo.
GOLDSTEIN, M. A. .....St. Louis, Mo.
HARLAN, EARL .....Cincinnati, O.
HUGHES, C. H. .....St. Louis, Mo.
HOXIE, GEO. HOWARD .....Kansas City, Mo.
HINCHEY, FRANK .....St. Louis, Mo.
HASSAN, G. B. .....Chicago, Ill.
HOMAN, GEORGE .....St. Louis, Mo.
HUGHES, MARC RAY .....St. Louis, Mo.
HARTMAN, J. A. .....St. Louis, Mo.
JOHNSON, RICHARD H. .....Baltimore, Md.
JACOBSON, HENRY .....St. Louis, Mo.
LUEDDE, W. H. .....St. Louis, Mo.
LEWIS, BRANSFORD .....St. Louis, Mo.
LOEB, CLARENCE .....St. Louis, Mo.
LEWIS, ROBERT C. M. .....Marion, O.
MENESTRINA, J. F. .....St. Louis, Mo.
MARRS, W. F. .....Peoria Heights, Ill.
MURPHY, JOHN C. .....St. Louis, Mo.
MASER, G. W. .....Parsons, Kan.
MONTGOMERY, E. E. .....Philadelphia, Pa.
MEISENBACH, A. H. .....St. Louis, Mo.
MILLER, CHAS. C. .....Chicago, Ill.
MANN, R. H. T. .....Texarkana, Ark.
MONTGOMERY, E. B. .....Quincy, Ill.
McKEE, E. S. .....Cincinnati, O.
McDONALD, ARTHUR .....Washington, D. C.
McMILLAN, D. P. .....St. Louis, Mo.
NORBURY, F .P. .....Jacksonville, Ill.
OVERHOLZER, M. P. .....Harrisonville, Mo.
PARKER, FREDERICK P. .....St. Louis, Mo.
ROBBINS, JOSEPH .....Quincy, Ill.
ROBINSON, BYRON .....Chicago, Ill.
RICKETTS, BENJAMIN MERRILL Cincinnati, O.
STEVENSON, MARK D. .....Akron, O.
SHOEMAKER, JNO. V. .....Philadelphia
SCHERCK, H. J. .....St. Louis, Mo.
STAUFFER, W. H. .....St. Louis, Mo.
SEELIG, M. G. .....St. Louis, Mo.
SAGER, ARTHUR N. .....St. Louis, Mo.
SPENCER, SELDEN .....St. Louis, Mo.
SAWTELL, J. E. .....Kansas City, Mo.
TAUSSIG, ALBERT S. .....St. Louis, Mo.
TAYLOR, D. G. .....St. Louis, Mo.
VESTLING, VICTOR .....Creston, Ia.
WEBER, PETER J. .....St. Louis, Mo.
WILSON, H. P. .....Mediapolis, Ia.
WILLIAMS, A. W. .....Hot Springs, S. D.
WIATT, WM. S. .....East St. Louis, Ill.
WALKER, EDWIN .....Evansville, Ind.

"A journal is known by the men who write for it."

Arteria Mesenterica Distal—The Distal Mesenteric Artery—Robinson 613
Atresia of Vagina; Femoral Hernia of Bladder—Wiatt 581
Abcess of the Rectal Region—Barnes 53
Arteria Ileo-Colica in Twenty-five Subjects (Preliminary Note)—Robinson 452
Brief Report of a Case of Typhoid Fever With Perforation and Hemorrhage with Presentation of Specimen—Menestrina ... 378
Brief Resume of the Theories in Regard to the Etiology of Chronic Enlargement of the Prostate—Scherck 158
Case of Cancer of the Cervix Associated with Fibroids and Operated on by the Radical Abdominal Method—Taussig 619
Case of Extra-Dural Abcess—Spencer 405
Case Report—Shutt 384
Circulatory System, The—Overholzer 583
Critical Analysis of the Expert Testimony in the "Jack the Stabber Case"—Booth.. 75
Colica Nucosa—Crummer 1
Chronic Tonsillitis; Its Significance—Boice 9
Chloride of Sodium Inhibition Fallacy in the Therapeutics of Epilepsy—Hughes 54
Caseous Maxiliary Sinuses—Johnson 179
Case of Gastric Ulcer Improved by Medicinal and Dietetic Treatment—Weber 184
Chronic Constipation and Its Treatment—Butler 25
Criminal Law and the Medical Expert, The Sager 319
Case of Splenectomy—Cook 379
Diet in Gastric Disorders—Hoxie 125
Definition of Life, A—Crane 281
Dermatological Axioms—Aronstam 284
Dawn and Development of Urology—Lewis 397
Disposition of the Appendiceal Stump—Ricketts 542
Ethmoidal Sinus Affections—Sawtell 512
Exopthalmic Goitre—Wilson 29
Expert Testimony—Taylor 316
Evolution of Infections—Benedict 333-373
Egypt and the Egyptians—Eccles 425
Education of Physicians and the Public Regarding Insanity—Norbury 589
Frequent Interpendence of Dislocated Kidney, Gall-Bladder Trouble and Appendicitis—Harlan 486
Gastric Ulcer with Presentation of Cases—McMillan 185
Hypo and Hyper-Thyroidism, with Presentation of Cases—Campbell 84
Hemorrhoids—Stauffer 255
Isle of Spicy Breezes, The—Eccles..... 531
Inhibition of the Asthmatic Paroxysm—Abrams 611
Kidney, Surgically Considered—Austin 482
Lupus Erythematous—Shoemaker 153
Management of Pregnancy Labor and the Puerpium—Murphy 155
Medical Expert Testimony from the Viewpoint of the Bar—Barth 313
Medical Expert Testimony from the Viewpoint of a Physician—Gradwohl 311
Marginal Tattoing as a Means of Adding Width of the Lips—Miller 451
Missouri State Sanatorium—Brown 518
Neurosis of the Bladder—Lewis 479
Man With Whom You Must Live—Benedict 616
New Method of Operating for Ventral Hernia—Menestrina 51
New Simple Technique for Circumcision and Some Advantages Gained in Genito-Urinary Work, A Practical Demonstration of the Technique—Shutt 232
Notes on the Handling and Conveyance of the Sick and Injured in St. Louis—Homan 431
Presentation of Specimen of Fibro-Myoma—Jacobson 620
Pubiotomy and Its Relative Indications—Montgomery 618
Purulent Conjunctivitis in Infants and Adults—Stevenson 543
Plea for Greater Accuracy in our Therapeutics—Buchanan 515
Pentosuria—Vestling 434
Phytolacca Decandra—Ellingwood 433
Papilloma of the Caruncle With Report of a Case—Loeb 407
Palliative Treatment of Carcinoma Uteri—Montgomery 229
Present Day Status of the Physiology of the Thyroid Gland—Taussig 36
Premature Puberty—History of Case—Dean 215
Post-Operative Acute Dilation of the Stomach (Gastro-Mesenteric Illeur)—Seelig.... 265
Physical Stigmata of Degeneration—McDonald 346
Postmortem Report of a Case of Rupture of the Stomach, Due to Gastromalacia—Hartman 613
Quincy (Ill.) Medical and Library Association—Robbins 106
Relations of the Doctor to the Alcoholic Problem—Crothers 505
Rheumatism in Children—Gaumer 6
Report of a Case of Brow-Presentation with an Interesting Feature—Hinchey 236
Reduction of the Tilted Nose—Miller 309
Retro-Pharyngeal Abcess with Report of Cases—Goldstein 439
Secret Commissions—McKee 462
Some Cases of Reinfection with Syphilis—Williams 485
Specimens of Choroidal Sarcoma 441
Strangulated Hernia—Brown 401
Spinal Irritation—Marrs 132
Some Notes on Peritoneal Adhesions—Post Operative—McDermott 181
Seeing Turkey with Medical Eyes—Eccles.. 101
Specimen of Echinococcus, Cyst, Scolices, Cyst Wall and Connective Tissue Capsule—Meisenbach 271
Surgical Reduction of the Excessively Large Ear—Miller 354
Surgical Treatment of Detached Retina—Maser 510
Submucus Window Resection of the Cartilaginous Septum—Mann 536
Some Anomalies of the Stigmata of Degeneracy—Hughes 538
Things Medical in Turkey—Eccles 369
Talks to Recent Graduates—Benedict 344
Treatment of Conjunctivitis Trachomatosa Relative to Sequela—Parker 131
Treatment of Some Forms of Cerebral Disorders, with a Report of Three Cases—Hassin 205
The Disposition of Criminal Epileptics—Will Missouri Continue to Judicially Murder Them and Kansas to Sentence Them to Death?—A Seven Years Study of Three Men Who Murdered Eleven People—(illustrated)—Burnett 603
Tumor of the Brain—Report of Two Cases and Presentation of Specimens—Clark 291
Utility of Distended and Dried Specimens of Visceral Anatomy—Robinson 210
What Shall We Do with Charot Joints? A Clinical Presentation—Burnett 160
What You Cannot Do With Purgatives—Walker 586

THE MEDICAL FORTNIGHTLY

Vol. XXXI — St. Louis, January 10, 1907. — No. 1

BOSTON MEDICAL LIBRARY 1907

Papers for the original department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS.

ALBERT ABRAMS, M. D., San Francisco.
M. V. BALL, M. D., Warren, Pa.
FRANK BILLINGS, M. D., Chicago, Ill.
CHARLES W. BURR, M. D., Philadelphia.
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
N. S. DAVIS, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago, Ill.
FRANK R. FRY, M. D., St. Louis.
Mr. REGINALD HARRISON, London, England.
RICHARD T. HEWLETT, M. D., London, England.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
CHARLES JEWETT, M. D., Brooklyn.
THOMAS LINN, M. D., Nice, France.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
NICHOLAS SENN, M. D., Chicago.
FERD C. VALENTINE, M. D., New York.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M. D., LL. D., New York
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

COLICA MUCOSA.

11390

LEROY CRUMMER, M. D.

OMAHA, NEB.

In the medical wards of the Vienna General Hospital the most frequent diagnosis written on the slate at the bedside is "M. C., morbus communis," an euphonious name for tuberculosis. In America, however, even as widespread as is tuberculosis, if morbus communis were used to refer to the most frequent disease, both in the medical and surgical wards, it would have to be another "M. C.," referring this time to colica mucosa.

I chose this name from the seventy-six synonyms given by Blake as being offered by one or the other author as a title for the condition I wish to discuss today.

Every one of us has had many of these cases, and they are the most aggravating and annoying patients that we have to treat. The patient, generally a woman, complains of nervousness, pains in various regions, is incapable of consistent mental work, is pale, emaciated, has various forms of stomach and intestinal disturbances, discovers new symptoms daily, interrupts the little rest a physician by sending hurry calls on account of a pain in a new region; in spite of periods of slight improvement continues sick, month after month, and year after year, a burden to the family and an annoyance to the physician.

Unfortunately these cases are generally considered functionnal, and are popularly supposed to present no physical signs which enable one to make a definite diagnosis. However varied the symptoms my be, in whatever regions the pains may be located, and whatever bodily functions seem to be depressed, a careful inquiry into the history and a careful examination will show that these are as definitely marked as typhoid fever, that the therapeutic indications are as definite as in malaria, and the treatment of the case is just as successful.

The etiological factors are two in nnmber: First, the predisposing cause, which is the type of body which shows congenital gastroptosis. Second, the inciting cause, which is always what might be termed a period of stress, that is, some definite event which brings abuot mental worry. Among the most frequent are family trouble, financial difficulty, and long continued nervous strain of caring for other members of the family through serious periods of illness.

I speak of gastroptosis as a predisposing cause, and mean it in exactly this sense, because a gastroptosis can exist in a great many individuals without producing a single symptom, and even these cases treated by the methods I am about to describe are cured and stay cured of all symptoms without any change of the anatomical relationship of the abdominal organs.

Upon a physical examination of one of those cases we generally find a majority of the following demonhstrable physical conditions: Emaciation: the patient usually being from 25% to 35%, or even more, under normal standard weight. A special class of these cases, however, do not show this loss of weight, but show a greater proportionate loss in hemoglobin, so that they can be called "fat anemics." Anemia of the simple chronic type with a hemoglobin percentage of 55 to 70 is found in all of these cases; the red cell count and the white cell count are not materially affected. In the fat anemics just mentioned the hemoglobin estimate is usually at the lower of the figures just given. The faces of the patient betokens the old neurotic type, so that these patients can generally be recognized at a glance.

The examination of the thorax, in spite of many of the symptoms complained of, shows normal physiological signs, both of the heart and the lungs by the usual methods of investigation. The type of the thorax, however, is quite characteristic, the chest is narrow and long, the interspaces are wide, the costal angle is very acute, and, in the majority of cases, Stiller's test, that is a floating tenth rib, is found present.

The examination of the abdomen shows a dilated and prolapsed stomach, the colon can be felt as a tightly contracted band which easily rolls underneath the fingers. This contraction may exist only in one place throughout the length of the colon, generally at the caput cecci or at the sigmoid, or it may be that the colon can be palpated throughout its entire length.

The kidneys are usually palpable, and in the majority of cases the right kidneys movable to the second or third degree. The strong pulsation of the abdominal aorta can be felt throughout its course. There is generally a localized bloating to be felt on one side or the other of the abdomen. There is absolutely no resistance offered by the abdominal muses to the palpating finger, and the most minute anatominal details of the abdomen can be made out.

In the pelvic examination there is generally retroflexion or other dislocation of the uterus and frequently prolapsed ovaries.

When these patients stand up the lower half of the abdomen projects causing a sinking in of the upper half of the abdomen, so that the line of the abdominal profile is a double curve instead of the single curve of normal individuals.

The examination of the secretions is as follows: The stomach contents shows moderately delayed peristalsis. The chemical reaction may show absent, diminished, normal, or increased hydrochloric acid formation, and in fact the same case may show all possible variations in the hydrochloric acid content within the course of a very few days. The inflation of the stomach at the time the test meal is removed shows either a prolapsed, a dilated, or a dilated and prolapsed stomach.

The urinary examination has no characteristic features save a variable amount of the twentyfour hours urine. On some days there will be a large amount of pale urine, and a day or two later there will be a small amount of the highly colored urine. Albuminuria of a slight grade is not uncommon, especially in the urine passed within the next few hours after a thorough abdominal examination. This is of no significance and rapidly disappears.

The examination of the feces is of the greatest importance, and sooner or later you will find considerable mucus in the stools. This mucus may be a component part of every bowel movement, or it may be necessary to examine the stools for a week or more before it will be found in an excessive amount. It is particularly liable to be present after any sudden attack of abdominal pain, or sudden increase in the severity of the nervous symptoms. This examination for mucus is particularly important, as the presence of mucus in the stools almost absolutely denies the presence of organic disease of the gastro-intestinal tract. However, the membranes and large amounts of mucus described in the text-book articles are found but rarely, and then only in advanced cases.

The symptoms complained of by the patient are of the most varied character: headache, anorexia, palpitation, dyspnea, are seen in almost every case. Abdominal pain of severe type may simulate any inflammatory disease of the abdomen. Backache and pelvic neuralgias are seldom missed. The pains complained of may be almost typical of appendicitis, gallstone colic, Dietel's crisis, gastric ulcer, or any form of organic disease of pelvis. On careful inquiry, however, we can always make the differential diagnosis, because we can find that while the pain may have a point of selection and greatest intensity, similar pains are felt at times in other portions of the abdomen. Quite as marked as this point is the fact that in a great many cases the character and location of the pain is not referable to any distinct anatomical cause, such as area of nerve distribution or pain due to definite change in the structure in the abdomen. In some cases there is persistent complaint of pain in the left side of the upper abdomen and thorax, and extending down the left arm. Anorexia and vomiting are occasionally met with. Constipation is found in 90% of the cases, and the other 10% there is either persistent diarrhea or an alternate constipation and diarrhea.

Insomnia in some cases is marked. All possible changes in the emotional elements of the mentality are found.

On inquiry into the history we find a period of stress followed by the presence of some one or more of the previously described symptoms, particularly with a tendency to symptoms on the part of the stomach. Then these stomach symptoms are treated by badly advised restricted diet, and, either with or without the advice of the physician, one article after another had been cut out of the diet till the patients are practically in a condition of starvation and considerable emaciation. This is followed by the appearance

of symptoms elsewhere, and particularly by obstinate constipation, and in the course of a few weeks or a few months the disease picture is completely developed, and the patient arrives at what is generally considered a condition of helpless invalidism.

Concerning the pathology, we can say that there is no pathology. There is no organic disease, no inflammatory process in any organ or tissue. The gastroptosis cannot be considered pathological as it exists from birth in fully 40% of women, and in a smaller but by no means inconsiderable percentage of men. It existed before the symptoms began and it persists after the patient has been symptomatically cured.

In the differential diagnosis we have only to say that every possible disease of the abdomen must be taken into consideration, or as I prefer to put it, with a supposition of inflammatory disease within the abdomen always take into consideration the possibility of this entire sypmtom complex being due to colica mucosa. True inflammatory disease of the abdomen manifest itself always by the classic signs of inflammation. Pain and tenderness are not sufficient for a diagnosis of appendicitis, gall-bladder, ovarian trouble, or gastric ulcer. Appendicitis must show fever, rigidity, and infiltration of the tissues around the appendix. Gall-bladder trouble must show fever, tenderness, enlarged gall-bladder or jaundice before we are justified in making a diagnosis. The same rules must apply to inflammatory disease of the other parts of the abdomen. In the absence of one or more of these definite signs of organic disease 99 out of 100 cases with painful disease of the abdomen have mucous colitis. Two to four scars of previous abdominal operations are, unfortunately, a pathognomonic sign of this disease in some cases. Two frequent mistakes are made in diagnosis, first, mistaking the condition for surgical disease of the abdominal viscera: second, the uncompleted diagnosis of determining merely one sign of the disease, as floating kidney. The prognosis can be summed up in a few words: contrary to the general opinion, these cases are absolutely curable, no matter to what stage they have advanced.

In regard to the treatment, proper prophylaxis will save a great deal of future trouble. The girl who has chlorosis should be treated, not only until the blood is re-established, but should be kept under observation for a long number of years, and the slightest symptom should be regarded as an indication of the development of this disease. The daughter who has a family history of this trouble should be protected against this subsequent development at all hazards. Girls studying music should be carefully watched, and further muscial education interdicted if there is the slightest failure in health.

Our ideas of diet should be reformed and we should learn never to treat nervous dyspepsia with fad foods nor restricted diet. In the treatment of the individual well developed case one postulate should stand out above all others, never treat these cases symptomatically. It wastes valuable time, never relieves the underlying condition, but gives opportunity for the formation of various vicious physiological circles which soon become habits and are very difficult to break.

The condition once recognized demands fundamental, rational, well-organized treatment, and the sooner this condition is recognized and proper treatment instituted the better for the patient's comfort and the physician's reputation.

The treatment should be directed to overcoming the underlying conditions. These conditions are, emaciation, too great freedom of movement of the abdominal organs, and an increased sensibility of the receiving apparatus of the central nervous system.

To overcome the starvation and the emaciation we usually are forced to resort to a rest cure. This principle of treatment has been well recognized since brought to the notice of the profession by Weir Mitchell. His method of treatment, however, is extremely difficult to carry out, and the patients chafe under its excessive restrictions. The Weir Mitchell treatment, as combined with the von Nooden forced feeding cure, meets two necessary conditions at the same time, that is the emaciation and the constipation. As carried out in my hands the treatment is as follows: without any preliminary dieting the patient, regardless of previous dyspeptic symptoms, is at once put on forced feeding, three large meals per day, including all kinds of foodstuffs in excessive amounts, and two lunches are given. The three principal meals are followed by hot abdominal packs lasting thirty to forty-five minutes. The first evening an oil enema is administered and forty-eight hours later a second. Aside from this no attention is paid to the bowels, save under exceptional circumstances when another oil enema may be given. The effect of this treatment usually is manifest by regular daily evacuation of the bowels, and the weekly gain of weight averaging three pounds, with a total disappearance of all symptoms on the part of the abdomen.

In order to increase intra-abdominal pressure some form of abdominal bandage is required. As most of these patients are extremely thin the ordinary form of elastic abdominal belt is of no use whatever. The in-

dications can best be met while the patient is under hospital treatment by a Rose bandage made of adhesive plaster, with which any desired degree of pressure can be gained. When the patients are through with their treatment they are fitted with a straight-front corset which continue to hold the abdomen in the proper position.

The most important part of the treatment is the psychic treatment, designed to overcome the extreme irritability of the central nervous system. Many of these cases are laboring under the suggestions given to them by some physician that their disease is incurable and on this account are practically hopeless. The first thing to accomplish is to overcome these previous suggestions and get them hopeful of a cure. Then by carefully explaining the physiology and anatomy of the various organs concerned we overcome the hypochondriacal tendencies and foolish self-made physiological explanations of these patients. When they understand that many of the impressions which their brain receives as pain, distress and rigidity, are purely misinterpretations of physiological occurrences a great many of the symptoms disappear at once. Each case has to be studied on its merits, and psychic treatment must be varied to suit the individual requiements.

In order to hasten the increase in hemoglobin iron can usually be exhibited with advantage. When the insomnia is persistent or cannot be met by psychic treatment a single dose of nitroglycerin at bedtime will usually produce the desired results.

Occasionally the internist requires the aid of a surgical colleague. The repair of a lacerated peritoneum may be necessary before an abdominal bandage can be used with satisfaction. More often the surgeon's aid is required to overcome previous surgical mistakes. Thus I have in mind one cases which was relieved of all symptoms save the drag occasioned by a previous attempt to cure this condition by attaching the gall-bladder to the abdominal peritoneum. In another case an operation was required to relieve a dense mass of adhesions around the sigmoid, the result of three previous surgical attacks on the ovary.

The influence of intercurrent disease upon this condition must be noticed. In a large proportion of cases the condition is benefited by the occurrence of definite organic disease. By this I mean that the nervous element seems to be subdued when these patients become seriously ill. Thus I call to mind one case in which, in spite of the greatest care on my part, the surroundigs of the case were such that absolutely no improvement was manifest until the patient acquired a serious attack of typhoid fever.

When convalescing from the typhoid it was found that all her previous phobias in regard to diet had disappeared, and her recovery was complete, not only from the typhoid but also from the original condition.

In the last two years I have treated in the hospital thirty of these cases, the average duration of treatment was about five weeks, and the average gain in weight while in the hospital about fifteen pounds. The majority of the cases, however, would continue to increase after leaving the hospital.

In these thirty cases there were three failures. One, a physician, could not be gotten under treatment as he refused to carry out proper directions. The second was a patient who, during convalescence, consulted another physician who found a dilated stomach and told him it was incurable. It was impossible to overcome his disastrous suggestion, and hypochondriacal tendencies developed and rendered further treatment ineffectual. The other failure was a Bohemian woman who could not understand English, and so it was impossible to give her the proper psychic treatment.

Taking into consideration the fact that this condition had existed in these patients anywhere from two to seventeen years the results showing 90% cured certainly must be considered very satisfactory.

TALKS TO RECENT GRADUATES.

A. L. BENEDICT, A. M., M. D.

BUFFALO.

V. EARNING MONEY.

WHEN the new office has been arranged and the new sign—perhaps judiciously weathered with water and dust—has just been hung out, the young doctor feels that he has begun the earnest of life and he enters upon the period of self-support, with hopeful anticipation.

In stories—occasionally in real life—the first patient appears in about an hour, or the doctor goes for a walk and stumbles on a millionarie in an epileptic fit, one case leads to another, and he is soon busily engaged in practice. But, if after a week, no patient appears and the doctor is dependent upon practice for his living hope begins to ooze away and the doctor begins to question what is in store for him.

It is of so much practical importance for the young physician to know what he has to expect that the writer will depart from the rule of avoiding personalities. What is here

said does not of course apply to a physician taking a vacated practice in the country or settling in a laborers' community in the city or having an influential friend in the profession who can give him a start or to the occasional instance of unusual luck—we beg pardon exceptional ability—which afford the basis of novels with a medical hero. Allusion is made merely to the young man without any particular influence opening his office in a fairly desirable residence portion of a city and not able by independent income, to secure the various adventitious aids—automobile, elaborate electric apparatus, imposing offices, etc.—which attract practice on the principle of "hos successit alit, possunt quia posse videntur" (success sustains these, they are able because they seem to be able).

A physician enjoying an income of about $10,000 at the age of forty, told a friend of the writer that he collected just fifteen dollars from his first year's practice. The writer earned, at ordinary, fairly low schedule rates, $500, collected about half of this and supplemented his income by about an equal amount derived from quizzing students and doing medical writing of a kind not now available as a means of livelihood. Several ultimately successful physicians have told the writer that their collections from practice for the first year were $100 to $300. For the conditions presupposed, $500 is rarely exceeded. The writer hung out his sign on May 15 and collected his first dollar fee early in July, although he had seen several patients in spite of the dull season of the year and had some pay in work before this. In nearly eighteen years of continuous private practice, the writer has never happened on an emergency case that amounted to any considerable fee and, for the first four years, he could not mention a single case that could be attributed to any signal success with a previous case. On the contrary, it seemed rather that recommendations followed trivial cases and that difficult ones, in which honest pride could be felt for careful diagnosis and treatment, resulted in dissatisfaction on the part of patients and friends. It seems to be a general rule that a death in one's practice leads to greater loyalty and attachment of professional clientele, than a cure.

During the storm and stress period, the writer had absolutely no help from those medical acquaintances from which he rather hoped it would come—he realized that no obligation existed—but, on the contrary, from the kindness of a few from whom he had no reason whatever to expect favors. With a very few exceptions, personal friendship did not lead to professional employment, although, in recent years, the number of intimate personal friends seeking professional services on a purely business basis, has caused considerable surprise.

The young physician will be surprised at the number of dead beats in existence. A young physician of twelve years' practice, who took nearly every case that presented itself and whose clientele extended up as far as the better middle class, if this somewhat snobbish term be allowed in America, found that his collections did not exceed the 50% ratio to earnings, which is to be expected in the first year's practice. It is well to bear this fact in mind when medical friends are boasting of the amount on their books.

For the first year of practice, it is advisable to take every case that comes, for the sake of the experience and extention of acquaintance.

After a year or two, calls from notorious dead beats and night calls from irresponsible persons, may be refused, excepting that, from humanitarian motives, any physician should always repsond to an emergent call, unless a substitute can promptly be found. In speaking of dead beats, it is well to remember that there are many persons, incompetent or thriftless perhaps, but still honest enough, who can and will pay for one or two calls, but who are absolutely unable ever to get enough ahead to pay for any prolonged professional attendance. Perhaps it is the best form of charity not to make such persons feel that they are formally considered as charity cases. In a well established general practice, about 75% of earnings are collectible. The average physician, all over the country, is said to collect about $1,000 a year. Probably 80% of physicians collect less than $3,000 a year, and possibly 10% collect over $5,000 a year.

As a general rule, an account not paid within a year, will not be paid at all. There are, however, a few pleasing exceptions. Very little is gained from the attempt to formulate rules as to the presentation of accounts, from stereotyped dunning letters, or any other business machinery intended to treat all alike. The physician must cultivate judgment, perhaps intuition would be a better word. Strangers may usually be asked to pay cash, but it is unwise to offend those of obvious good standing and honesty, whether rich or poor. Beware of the man or woman who assumes too haughty an air and of the one who is exuberantly grateful. The patient who flatters is, too often, the one who does not pay and who, later, reviles the physician. A card index is an excellent plan of keeping accounts and the back of the card may be used for memoranda as to sending of bills, personal duns, etc. Personal dunning is somewhat beneath the physician's dignity, and yet it is the best method of securing re-

sults. When it is apparent that a patient will not pay without considerable urging, and the physician has not time or inclination to be his own collector, the best plan is to employ a professional collector of known integrity. Amateur collectors are apt to give offense to patients or to embezzle money. Do not deal with a collection agency that demands a cash initiation fee. Suits are, as a rule, expensive and, unless the debtor is solvent, not productive of practical results. Still, a judgment held over an enterprising young man may ultimately bring payment. The sympathies of juries are, as a rule with the under dog, and the popular idea is that the doctor has a very easy life and earns a great deal of money. It is especially difficult to win a suit against a cripple or feeble person, or against a pretty woman, whatever the merits of the case.

At the commencement of practice, charges had best be made at fairly uniform rates adhering to the local tariff or informally accepted standard. It is unwise to attract the enmity of one's colleagues by cutting rates, and both unwise and absurd to attempt to make the same charges as men of considerable experience and reputation, undertaking cases that require special skill. Even early in practice, the writer would advise making lump charges for obstetric work, surgical operations and subsequent attendance, etc.

A good many patients make a practice of obtaining credit by flattery and of concealing obligations by threats of malpractice. This kind of dead beat banks upon professional jealousy and dishonorable competition. He could be entirely eliminated if every physician made it a rule to inquire as to previous attendants, to communicate with his predecessor, and to refuse a case from which the previous attendant has not been duly discharged and paid. An exception should be made to this rule, only in the case of notoriously dishonorable colleagues, whether openly quacks or not. Finally, the rule may be laid down to be just and a little generous in our dealings with patients. Justice should be done to ourselves, our colleagues and our patients. In this country, only permanent incapacity or a succession of disasters can excuse the inability to pay a moderate professional charge. The fact that a person is unexpectedly taken sick or injured, and that he has no money, should not arouse too much sympathy. Everyone should be prepared for emergencies, and the relatively enormous wages paid for labor in America renders it possible for any one who is frugal, temperate, not too heavily burdened with dependents and not pursued by disaster, to lay by enough for a rainy day. Our laws concerning debt are really most unkind, for they encourage irresponsibility. If every dead beat could be forced to pay his debts, he would soon learn that it is no curse to earn one's daily bread, but the greatest blessing, and that while the world will support the idler after a fashion, a decent living must be worked for.

RHEUMATISM IN CHILDREN.*

J. S. GAUMER, B. S., M. D.

FAIRFIELD, IOWA.

RHEUMATISM in children is usually manifested by a very different group of symptoms from that in the adult. In the latter the onset is sudden with marked polyarthritis, fever, sweats and with possible cardiac involvement.

In children the disease is marked more especially by what in the adult would be termed the complications of the disease, perhaps alone by the development of endocarditis, or in another case by chorea or torticollis purpura, with pharyngitis or tonsillitis, these being more prominent symptoms than the ones usual to the disease.

We must regard these affections as manifestations of the rheumatic state, although they may be set up in other instances by other causes, just as arthritis or pericarditis while usually rheumatic may be due to scarlatina or septic poisoning or pyemia.

These attacks may continue for a few days or weeks and seemingly improve, some permanently, others only to recur with perhaps more decided symptoms. The condition may be entirely overlooked by the parents or attributed to "growing pains," worms, or other guessed possibilities. The physician may first be consulted in regard to the secondary manifestations of the disease, and he too may overlook the fact of the preceding rheumatic trouble. For this reason the practitioner must be on his guard when finding heart lesions, chorea, or other allied symptoms and carefully inquire into the history of the case with the chances of finding that there had previously been a little pain in an upper extremity or a limp in the gait, or may be a slight increase in the temperature which was attributed to a cold, and close examination may reveal a tenderness in some joint, tendon, or even in the muscles in preference to the usual joint involvement.

Holt in his Diseases of Infancy and Childhood, says "Rheumatism in childhood, then, is manifested not alone by arthritis with

*Read at the meeting of the Southeastern Iowa Medical Society at Burlington, Ia., December 6th, 1906.

acute or subacute symptoms, but by a large number of other conditions which are not to be regarded in the light of complications, but rather as forms of the disease."

The comparative slightness, or even absence of arthritic symptoms is a marked feature—ofttimes a slight tenderness and swelling of knees, ankles or wrists—sometimes mere tenderness or stiffness on movement, in other cases the inflammation is confined to tendons or tendon sheaths which may be the only manifestations of rheumatism. This has been especially noticed in the hamstring tendons at the back of the knee. The older the child the more likely are the arthritic symptoms to conform to those usual to adults.

Rheumatism of children differs from that of adults: (1) in the absence of well marked joint manifestations; (2) general mildness of acute symptoms; (3) greater tendency to heart lesions and nervous complications.

The disease is rare in infants, and symptoms of it in infancy usually proves to be scurvy. Rachfuss found only five cases of rheumatism in 15,000 nursing infants, and Wiederhofer but one among 70,000, while Miller was able to collect only 19 authentic cases in literature. From three years up the disease increases in frequency and after the age of eight or ten is most often found, and resembles more the rheumatism of adults.

Chorea is one of the most frequent complications of rheumatism in children. It may occur alone, in which case it is well to search for a history of preceding rheumatism, or it may occur with an endocarditis. In fact "when finding one of these it is well to suspect the history, presence or advent of the other two."

Holt finds that 56% of choreic children give evidence of rheumatism, and considers a group of cases which may be classed as rheumatic chorea. Crandall gives the following in 111 cases of chorea: previous arthritic symptoms were present in 37%, concurrent arthritic symptoms in 24% and subsequent arthritic symptoms in 15% of the cases. Not including cases in which there was a history only of "growing pains" there was evidence of articular rheumatism in 56.7%. In these statistics only articular symptoms have been considered evidence of rheumatism. Holt says, "The great proportion of cardiac murmurs existing after chorea should be classed as rheumatic even if no articular symptoms have been noticed." Churton finds of 552 cases of rheumatism that 157 were choreic. Cotton has observed cases in which there was rheumatic heredity preceding the chorea, and these often subsequently exhibit some of the symptoms of that diathesis. Cheadle says, "that in 55 cases of chorea occurring in his practice there was a history of rheumatism in the patient or blood relations in 27 or 52%. In two there was a history of chorea, in two of erythema nodosum and chorea, and in one of heart disease." Cheadle in Keating's Clycopedia of Diseases of Children, further says, "The chain of evidence is remarkable, and the trend of medical opinion is increasingly in favor of regarding chorea as a phase of rheumatic activity. The proof that chorea is invariably an expression of acute rheumatism is not absolute, but the conclusion that it is so in the vast majority of cases seems thoroughly established."

Perhaps the most important of the ravages of rheumatism in children is the heart involvement, because as in few severe cases of the disease in the adult does the heart escape serious permanent injury, so few of the mildest cases of childhood are left with unimpaired heart valves. Endocarditis, pericarditis, and often pericardial effusions are found. Endocarditis occurs most often, and according to Cheadle, "We are to look upon endocarditis in children not as a complication of rheumatism so much as a manifestation, often the first, of that disease." Holt says, "Compared with rheumatism, all other causes of acute endocarditis are very infrequent." Insufficiency of the mitral valve is the most frequent lesion. Endocarditis occurring with articular rheumatism usually causes a rise of temperature and an increase in the severity of the general symptoms. It may occur alone or coincidently with pericarditis. It is a striking fact, and one which emphasizes the seriousness of endocardial complications, that it is often found in children where it is the predominant symptom and only by very carefully securing a complete history can the physician trace the rheumatic, connection, and then perhaps only by an indefinite recollection of "growing pains." Sometimes the condition of the heart is the only witness of the past articular trouble.

Ulcerative endocarditis occurs very seldom in young children. Under fifteen years of age there are only 46 on record. Of these three were congenital and three acquired under one year. Endocarditis rarely results in complete recovery. Usually there is left a murmur with the ordinary signs of valvular trouble which may be marked by periods of improvement and exacerbation, and finally result in the usual dropsical symptoms and death during adolesence.

Pericarditis occurs in about 18% of rheumatic cases, but is of more serious import when occurring than endocarditis alone. Ac-

cording to Holt after the fourth year rheumatism takes first place as an etiological factor. The dry form is not easily diagnosed, and Koplik thinks it occurs more often than we imagine. Of 100 cases observed by a French writer, 29 were compensated, 6 dying suddenly, while the remaining 65 were left with incurable heart lesions.

In a recent report in the Journal of the American Medical Association by Thayer of an observation of chorea in the Johns Hopkins Hospital Dispensary the relationship of rheumatism, chorea and heart lesions is brought out in a striking manner. In 789 cases of chorea noted, 171 or 21.6% gave a history of rheumatism. In regard to heart lesions, in 100 cases no report was kept, in the remaining 689 cases cardiac murmurs were detected in 235 or 40.5%. Noting the relationship of cardiac involvement to rheumatic complications in the 171 cases of chorea with a rheumatic history 34.5% showed organic lesions. In the remaining 618 cases of chorea with no rheumatic history only 16.9% showed organic cardiac lesions.

Tonsillitis and pharyngitis are often precursors, or associated with rheumatism and many cases of sore throat in children yield to rheumatic treatment. By many observers the tonsils are considered the infection atrium for acute articular rheumatism. Trosseau recognized a rheumatic sore throat. The Collective Investigating Committee showed that tonsillitis occurred as an antecedent to acute articular rheumatism in 24.2% of cases.

The erythemas do not often occur in childhood, but when found are suggestive of rheumatism.

Subcutaneous tendinous nodules are the exception in this country, but they are reported as quite often occurring in England.

I wish here to mention a most serious case occurring in my practice, in a 12-year-old boy. In the spring of 1902 following an attack of measles he developed acute articular rheumatism. This boy was unfortunate enough at that time to have a grandfather, an old farmer, who thought he knew more about medicine than the average doctor. I need not elaborate on the species, for you all know him. He treated this case with doses of "essence of peppermint" which was his "cure-all," and rectal injections of infusion of onions to induce bowel movements until about a week after the disease had developed I was called in to see the case. I found the boy with a marked case of acute articular rheumatism, with high temperature, sweats, joint involvement, and endocarditis so bad that the child was propped up in bed to get his breath. It was the latter complication which finally alarmed the family and induced them to seek medical aid.

I put him on the salicylates, with alkalies and local treatment to the affected joints and a milk diet. The patient improved in all respects and with strict injunction to keep him in bed for some time, both on account of the heart involvement, and for fear of a relapse, but especially for the former reason, I left him in the care of the family, dismissing myself sooner than in the ordinary case on account of the family peculiarities. The next I heard, and only a few days later, was that the boy had been allowed to get up and at the table with the rest of the family, indulge in a dinner of beef and boiled cabbage. Of course the inevitable occurred. He was soon worse than ever, and in addition developed chorea in a violent form. There was a case of acute articular rheumatism with almost all the complications possible; arthritis, fever, irregular pulse endocarditis, pericarditis with effusion, and chorea.

After a course of four or five weeks, during which time the patient was alternately better and worse, and after having had a number of consultations the case passed out of my hands to my great relief. The boy finally recovered apparently, and the second summer following did a man's work on the farm. This resulted in broken compensation, marked valvular trouble, dropsy with a steady decline physically and mentally, death occurring four and one-half years after the initial attack of rheumatism.

Treatment.—The first consideration should be the prophylaxis in those predisposed by heredity to the disease. To prevent a recurrence after recovery from an attack is of prime importance. The use of woolen underwear and warm outer clothing during the changeable weather of spring and fall as well as winter should be advised. Care in diet, restriction of the starches and a plentiful milk ration should be insisted upon.

During an attack of rheumatism strict confinement to bed in a warm room, with a restricted diet, largely milk, are measures of more therapeutic value than the use of drugs. Fresh chill to the surface of the body should be avoided and the affected parts kept at rest. This latter injunction must be applied to the heart as well as the joints. The observations of Dr. Sibson show how important a means this is of modifying the after effects of endocarditis. Absolute rest in bed and an equable temperature secured by woolens and a warm room are of greater importance than anything else in protecting the heart during an attack of rheumatism. The history of the case reported shows the bad results of allowing the

patient to leave his bed too soon, and emphasizes the importance of rest for the affected heart.

The drug treatment of rheumatism in children should be very much like that in adults. The use of the salicylates, oil of wintergreen salacin and opium if needed for pain with enough of the alkalies to keep the urine alkaline or neutral will go a long ways toward limiting the heart involvement. Locally opium and lead water, oil of wintergreen or Fuller's lotion to the affected joint and wrapping in cotton-wool, in easy positions with the weight of the bed clothes supported by a cage, are measures calculated to relieve the painful joint symptoms.

Tonic treatment should not be forgotten, as the anemia following the ravages of rheumatism is very marked, and often other drug treatment is pursued without effect until by the addition of iron, and in some cases cod-liver oil, improvement follows at once. Last, as well as first of all, the patient should be kept in bed for at least ten days or two weeks after all acute symptoms have disappeared to avoid exposure and preserve quietness of the heart.

BIBLIOGRAPHY.

Diseases of Infancy and Childhood, Holt.
Keating's Clycopedia of Diseases of Children.
Montgomery Hunt Sicard, Medical Record, May 5th, 1906.
Diseases of Children, Smith.
W. S. Thayer, Jour. American Medical Association, October 27th, 1906.

CHRONIC TONSILLITIS; ITS SIGNIFICANCE.*

C. A. BOICE, M. D.

WASHINGTON, IA.

THE tonsils, when healthy, undoubtedly have a definite and valuable function. They share evidently in the formation of leucocytes and have a very marked phagocytic action.

Rare indeed is the child which reaches the age of fifteen years without suffering to a greater or less extent from tonsillar inflammation. Most of them suffer to a greater extent.

The tonsil may be affected by a simple catarrhal inflammation, by follicular or by phlegmonous inflammation.

Repeated attacks of any of these varieties of inflammations result in a chronic tonsillar hypertrophy, and to this condition we wish to direct special attention.

The tonsil is enlarged, usually irregularly so, and harder than normal. The connective tissue stroma is greatly increased; lymphatic follicles are hyperplastic; retention and calcification of cryptic contents is not uncommon. After a time, the tonsil apparently decreases in size. This is due to a decrease in the amount of lymphatic tissue, and is accompanied by an increase of follicular epithelium.

The surface epithelium is not very absorptive. It is thicker than that lining the follicles.

Tonsillar hypertrophy is frequently associated with adenoids and other evidences of lymphatic hyperplasia.

It is in the presence of these hypertrophied tonsils, with open mouthed lacunae, as gates of entrance for pathogenic germs that we are particularly interested.

The enlarged crypts, full of an exudate which serves as an ideal culture media, insufficiently drained, provide a resting-place

DR. C. A. BOICE.

for the bacteria. The crypts at the lower portion of the tonsil drain by gravity or muscular action. Those crypts on top of the tonsil (usually four in number—Robertson) do not empty out. The bacteria enter the mouth with the food or the air, which ever way they come, the projecting tonsils are ready for them. Before enumerating the diseases which find entrance through the tonsils, we might well give a little attention to the deformities——mental and physical—which result from enlarged tonsils.

In their association with adenoids and general lymphatic turgescence of the nasopharynx we have mouth breathing and its resultant thoracic deformity, a flattening of the sides of the chest with protrusion of the sternum giving the pigeon, barrel or funnel breast. Changes in facial expression follow

* Read before the Southeastern Iowa Medical Society at Burlington, Ia., December 6, 1906.

—mouth always open, thick lips, dry mucosa, snoring, heavy and dull expression, mental hebetude with inability to concentrate attention, headaches, nasal voice, night terrors, breathing irregular and difficult, general bodily development frequently impaired. Hearing impaired from obstruction to Eustachian tube. Very fetid breath from decomposition of contents of crypts.

Practically all of the infectious diseases begin with buccal inflammation. The open mouthed tonsils are there ready for their share of the germs and toxins, and they are rarely slighted, as is evidenced by the frequent enlargement of the cervical lymphatic glands. Turgescence of lymphatic structures predisposes to frequent attacks of cold.

Diphtheria begins on the tonsils, and there is performed most of its mission in the elaboration of the deadly toxins. It would appear reasonable that the smaller the tonsil and the absence of enlarged crypts to furnish breeding places for the germs would greatly modify the extent and severity of the disease.

Scarlet fever is first manifested in the throat and its most severe symptoms are anginal and glandular. For these it depends on the tonsil for the entrance of the germs and toxins into the cervical lymphatics.

Rheumatism.—It is a pertinent question if all rheumatisms are not prefaced by a tonsillar inflammation. A great mass of clinical evidence points to the enlarged tonsil as the point of entrance of the streptococcus into the general circulation.

Tuberculosis.—Possibly the most important of all are the conditions due to the activity of the Koch's bacillus. It is present in so much of the milk of the child, and in the air and dust which rises from the floors and streets. The mouth breathing child gets the germ in the tonsil whether it comes from the food or the air. As positive evidence of this we have but to notice the great number of enlarged cervical glands in children, not only in the dirty city, but in the country as well. Ninety per cent of tuberculosis of the cervical glands is dependent on the tonsils (Wood). Primary laryngeal and pharyngeal tuberculosis is uncommon. The rest of the cases come from decayed teeth or ulcers or abrasions of the mucosa of the mouth. In 1671 cases of removed diseased tonsils collected by Wood, 5.2% showed primary tuberculosis. In Robertson's experiences over 8% showed primary tuberculosias. Eisendrath puts it as high as 10%.

The cervical glands lead directly to the apices of the lungs. It is not a far view and prolonged inflammation with excessive enlargement, removal is the only remedy. from tonsillar tuberculosis to consumption. Seventy-five per cent of the cases of cervical gland tuberculosis result, unless properly treated, in pulmonary involvement. A mixed infection with rupture externally saves some of them.

In active pulmonary tuberculosis, 69% of the tonsils become infected from the sputum. This is not common in chronic cases (Wood).

Of the less common, but none the less important, diseases which depend on the tonsils for their beginning place or entrance into the general circulation may be named: acute lymphatic leukemia, acute endocarditis, acute nephritis, whooping cough, spasmodic croup, acute coryza, Eustachian tube occlusion and deafness, gastro-intestinal disturbances, pharyngeal and bronchial inflammations. Some have even given it as a cause of that fashionable malady, appendicitis. Every disease which is dependent on the streptococcus may so originate.

It is not wise to advise the parent to let alone the diseased tonsil, suggesting that the child will outgrow the trouble. As has been suggested, although the gland appears to grow smaller, in reality the dangerous part (the follicular epithelium) is growing more extensive. Chronically enlarged tonsils are a serious affair and must be so regarded. If we are to do with the prevention of disease we cannot afford to overlook these very important atria of systemic infection.

Treatment.—In mild or early cases, cleansing out the lacunae and completely destroying the epithelium with chromic acid, trichloracetic acid or actual cautery very frequently is productive of good results. After repeated

When tubercular cervical glands are removed, recurrence will occur if the diseased tonsils are not removed also.

Whatever the method of removal, whether with tonsillotome, snare, scissors, punch or electric cautery, the operation must be thorough and complete.

Removal of all diseased epithelial and glandular structures must be accomplished or recurrence will occur. The degree of immunity depends on the thoroughness of operation.

If there be adenoids or nasal mucosa hypertrophy these must also be attended to. The idea being to afford ample breathing space as well as removal of diseased tissues.

Hemorrhage from tonsillotomy is sometimes severe and the operation should not be recommended as one entirely without danger. Fortunately these cases are in the minority. Hemorrhage is usually most severe when an incomplete operation has been done.

In those cases of mouth breathing and attendant deformities and abnormalities the

improvement following tonsillotomy is little short of marvelous. It has to be seen to be appreciated.

Tonsils are apparently some of the little things which become great when we fully understand what they may be responsible for.

DR. JOHN C. MORFIT,
President-elect St. Louis Medical Society.

PRESIDENT ROOSEVELT has asked Congress for an appropriation for the monument in commemoration of the services of Major Walter Reed and his associates in the yellow fever investigations. The monument is to contain a tablet with the names of all those who voluntarily submitted themselves for inoculation, some of whom died.

THE Nobel prize in Medicine for this year, which amounts to approximately $40,000, has been equally divided between Professor Golgi, for his method of staining brain tissues, and Professor Ramon y Cajal for his developments in nerve and brain anatomy, and particularly for the application of Golgi's discovery to research in embryonic tissue.

THE HEALING ART.—Taken in a broad sense medicine not merely denotes a kind of knowledge but it comprehends the various applications of that knowledge to the alleviation of the sufferings, the repair of the injuries, and the conservation of the health of living beings. In fact the practical aspect of medicine so far dominates ever other that the "healing art" is one of its most widely received synonyms.—Huxley.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

THOMAS A. HOPKINS,
Managing Editor.

Editorial Staff:

O. E. LADEMANN, Internal Medicine.
JOHN McHALE DEAN, Surgery.
F. P. NORBURY, Nervous and Mental Diseases.
R. B. H. GRADWOHL, Pathology and Bacteriology.
W. H. VOGT, Obstetrics and Gynecology.
WALDEMAR FISCHER, Ophthalmology.
A. LEVY, Pediatrics.
W. T. HIRSCHI, Therapeutics.
A. F. KOETTER, Otology.
HERMAN STOLTE, Laryngology and Rhinology.
T. A. HOPKINS, Genito-Urinary Diseases.
ROBERT H. DAVIS, Dermatology.

Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

The Annual Meeting of the St. Louis Medical Society.

THE St. Louis Medical Society held its annual meeting on the evening of December 29, and at the time closed what has been, in matters both material and scientific, the most successful year of the society's long and useful existence. The scientific work of the year has been remarkable for its excellence and abundance, some ninety formal papers were read at the meetings held during the year, and at almost every meeting equally important matter in the way of pathologic and clinical reports and presentation of pathologic specimens have been features. It is a matter of congratulation to the society that the executive committee has so ably conducted the affairs of the society in the matter of scientific work as to make it a fact that today members are seeking place on programs, and the day of strenuous search for an evening's program is a thing of the past; we have had an interesting program at every meeting during the year, and this felicitous state of affairs is to continue. The attendance during the year has been but a reflection of the scientific work; it shows that the members and their friends will attend if a good program is a certainty. According to the report of the secretary the average attendance has been better than seventy, or fully one-third more than ever before recorded.

The membership of the society has increased during the year by a number which in itself would constitute a goodly society, 130 physicians were elected to membership, and these together with a considerable number of reinstatements has brought our membership to a figure well above 600. The increase in membership had been predicted at

the time of the reorganization, but it is in its realization considerably in excess of prediction, and seems to make reasonable the purpose of the society to limit its efforts only with the exhaustion of eligible material. It seems certain that the society will presently have double its present membership.

The material welfare of the society has kept pace with its scientific progress, the construction of its hall and the establishment of a Committee on Business Affairs are each events for which the year must be noted. The new hall is a great satisfaction to the members, and is contributing its part toward the present success of our meetings. The annual meeting has shown that it is none too large, but it is abundantly suited to our present needs, and it is ours. The hall has been constructed at a cost of about $8,000, and the society has a debt of less than $1200. For several years there have been those who have insisted that the loose business methods of the soccicty were the greatest of its failings, the establishment of the Committee on Business Affairs and the placing of our affairs in its hands has proven a great advance and one which must be far-reaching in its effects.

The obliteration of sectional lines within the profession has been to a gratifying extent accomplished during the past year, and there exists a most healthy espirit du corps and a general feeling of fellowship such as has never before characterized the organization. While there is today no tendency toward laxity in the matter of membership there is a decided feeling of tolerance in the matter of minor and unimportant differences, and a purpose that every man who is properly equipped and who practices clean medicine shall feel at home with us.

Much of the above was gathered from the reports of the officers for the year as delivered at the annual meeting, other matters of like interest are features of the report of President Homan, which we publish in another column.

The election of officers for the ensuing year was a matter of more than usual friendly rivalry and resulted in the election of the following:

President—Dr. John C. Morfit.

Vice-President—Dr. Thos. A. Hopkins.

Recording Secretary—Dr. Davis Forster.

Corresponding Secretary—Dr. C. E. Burford.

Treasurer—Dr. Chas. J. Orr.

A CHRONIC synovitis of apparently unknown origin and very rebellious to treatment is sometimes due to a small focus of osteomyelitis just beneath the cartilaginous surface.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

BLAKISTON'S QUIZ-COMPEND. A COMPEND OF GENITO-URINARY DISEASES AND SYPHILIS, including their surgery and treatment. By Charles S. Hirsch, M.D., Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1906. (Cloth. 351 pages. $1.00.)

This compend is remarkable for the amount of matter which it contains, it being more on the order of a treatise than what is ordinarily understood by the term Compend. Both text and illustrations are scientific and happy in matter of selection and manner of presentation.

THE PRACTITIONER'S VISITING LIST FOR 1907. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather. Philadelphia and New York: Lea Brothers & Co., 1906. (Price, by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra.)

There have been no material changes in this visiting list since the publication of a year ago, which is not at all surprising considering the degree of perfection that has been attained. Its continued popularity is assured.

STUDIES IN THE PSYCHOLOGY OF SEX—EROTIC SYMBOLISM, THE MECHANISM OF DETUMESCENCE, PSYCHIC STATE OF PREGNANCY. By Havelock Ellis. Pages 285. Sold only by subscription to physicians, lawyers and scientists. Philadelphia: F. A. Davis Company. Publishers, 1014-16 Cherry street. (Cloth, $4.00, net.)

This last volume is one of the more important of a very vaulable series. It is only of recent years that scientific attention has been given the subjects here considered, and there are few physicians who will not find a great deal in each and every volume which is profitable reading. Dr. Ellis is beyond any other English speaking physician an authority on the subjects, and in none of his writings has he written more entertainingly.

PROGRESSIVE MEDICINE, Vol. IV, December 1906. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 349 pages, with 29 engravings. Philadelphia and New York: Lea Brothers & Co., Publishers. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

The Deceember issue of this quarterly digest completes the series for 1906. It will be found a fitting climax to the thorough work which preceded it. The skilled contributors have finished their labors for the year with never failing energy and care. As a result the busy practitioner can cull in an hour what it has taken investigators and teachers the world over months, if not years, to acquire. Special stress has been laid on practical results and the best methods of treatment. Thus the chaff has been eliminated, and only the wheat remains. Dr. J. Dutton Steele de-

votes one hundred and twenty pages to Diseases of the Digestive Tract and Allied Organs. His presentation of the subject, his attention to the minutest details and his clear deductions must prove suggestive to every reader. The role of Radiography in the Diagnosis of Gastro-intestinal Disease is clearly defined, and the employment of the Schmidt trocar and the Schmidt method for injecting salt solutions directly into the peritoneal cavity open up great possibilities for the future.

Dr. William T. Belfield treats of Genito-urinary Diseases from Tuberculosis to the Irrigation and Drainage of the Seminal Duct and Vesicle. Under the Diagnosis of Renal Disease, Dr. Kapsammer's report of over 20,000 autopsies in Austrian hospitals, during the last ten years, is quoted. His summary of the bactericidal effects of silver compounds; the various operative procedures for the relief of prostatic hypertrophy, and the cure of hydrocele, make most interesting reading.

John Rose Bradford, M.D., F.R.C.P., deals with Diseases of the Kidneys, Paroxysmal Hemoglobinuria, the Retention of Chloride in Nephritis, and more particularly the treatment of nephritis are carefully considered. This section concludes with an article on renal dropsy.

D. John C. Bloodgood devotes one hundred pages to Fractures, Dislocations, Amputations and the Surgery of the Extremities. The healing of fractures, the problems presented by fractures at the lower end of the humerus, metacarpal fractures and sprains of the ankle-joint are all thoroughly discussed. So with osteomylitis, Paget's disease, and bone tumors. Bier's treatment with hyperemia is detailed at some length, and this section is freely illustrated.

Dr. H. M. R. Landis contributes over sixty pages to the Therapeutic Referendum. Every page is bristling with therapeutic facts of practical importance. Many useful suggestions are made in regard to drugs. Cases of poisoning by so-called "headache powders" are cited and the possibly injurious effects of adrenalin if used continously. So through alcohol, ergot, iodine, mercury, mushroom poisoning, nitre, opium, the salicylates, urotropin and many other drugs, the interest is maintained while many important facts are logically developed.

STENHOUSE AND FERGUSON'S EPITOME OF PATHOLOGY. By John Stenhouse, M.D., of the University of Toronto, and John Ferguson, M.D., Toronto, Canada. 12mo, 285 pages, amply illustrated. Philadelphia and New York: Lea Brothers & Co., Publishers, 1906. (Cloth, $1.00, net.)

This excellent little volume gives a very complete consideration of pathology in clear and concise form. The subject is one of exceptional difficulties considered from the viewpoint of condensation, and it is a matter for congratulation that the authors have accomplished this without sacrifice to scientific value. The work is a valuable addition to the series.

KIEPE'S MATERIA MEDICA AND THERAPEUTICS A manual for students and physicians attending post-graduate courses. By Edward J. Kiepe, Professor of Materia Medica in the Department of Pharmacy, University of Buffalo. In one 12mo volume of 265 pages. Philadelphia and New York: Lea Brothers & Co., Publishers, 1906. (Cloth, $1.00, net.)

Dr. Kiepe has revised this interesting little book and brought it into harmony with the changes made by the revision of the U. S. Pharmacopeia. It is easily one of the best compends on the subject available and reflects great credit upon both author and publishers. We would recommend it to students, and to physicians who wish to brush up.

THE PHYSICIAN'S VISITING LIST, 1907-1908 (Lindsay & Blakiston's). Fifty-sixth year of its Publication. The Dose Table herein has been revised in accordance with the new United States Pharmacopeia (1900). Special Memoranda pages. Perpetual edition. Bound in handsome red leather, for 1300 names, interleaved, tucks, pocket and pencil, $1.25; 2,600 names, $1.50. Monthly edition. Name of patient need be written but once during the month, whole month's account being kept in one place. Philadelphia: P. Blakiston's Son & Co. (Plain binding, 75 cents. Leather cover, pocket and pencil, $1.00.)

This continues a popular visiting list with the profession, and its good points make this very reasonable. The many points contributing to its popularity are enumerated in the heading.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.—The next meeting of this society will be held in Omaha, March 21, 22, 1907. The addresses on Medicine and Surgery will be delivered by Dr. R. B. Sloan, Kansas City, and Dr. A. H. Ferguson, Chicago. Call is now made for papers, titles and abstracts to be sent to the undersigned not later than February 1st.

CHAS. WOOD FASSETT, Secretary,
St. Joseph, Mo.

BUCHANAN COUNTY MEDICAL SOCIETY.—At the annual meeting of this society, in St. Joseph, December 12, the following officers were elected for the year: President, Dr. O. G. Gleaves; First-Vice President, Dr. S. J. Kessler; Second Vice-President, Dr. W. J. McGill; Treasurer, Dr. J. M. Bell; Secretary Dr. Chas. Wood Fassett; Censor—Dr. T. E. Potter; Delegate—Dr. T. H. Doyle; Alternate—Dr. O. B. Campbell. The annual banquet was held at Hotel Metropole, on December 29, where amid congenial surroundings and an enticing menu, the year's work was rounded out in lighter vein, with music, poetry and song as auxillary measures. The retiring president, Dr. Campbell presided as toastmaster.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Measuring the Force of the Heart.—Levy (Zeitschrift für klinische Medizin, Bd. 60, Heft 1 and 2., 1906) relates his observations with Katzenstein's method of estimating cardiac force. The procedure is carried out as follows: The blood pressure and pulse rate are taken in the recumbent position after which both femoral arteries are compressed with the middle finger at Pourpart's ligament, using the peripheral finger as a control to determine whether compression is complete to cause obliteration of the pulse, when the blood pressure and pulse rate are again taken. Levy noted a transitory elevation in the blood pressure immediately following femoral compression in individuals with a normal heart. This transitory raise in blood pressure, however, is sometimes lacking in emotional and highly strung persons. In individuals with hypertrophy of the left ventricle and those with chronic nephritis and good cardiac compensation, the temporary elevation in blood pressure following femoral compression was materially more marked than in normal subjects. On the other hand, a lowering of blood pressure after compression and signifying cardiac weakness, was observed in severe consummating diseases, particularly the acute infectious diseases and in diseases of the heart. The author claims this procedure may serve as a useful guide in determining the condition of the heart during the course of infectious diseases.

A Case of Regular Recurring Premenstrual Pulmonary Hemorrhage.—Scherer (Beiträge zur Klinik der Tuberkulose, Bd. vi, Heft iii, 1906) details the history of a rapidly fatal case of pulmonary tuberculosis in a woman thirty-five years old. Of especial interest was the regular occurrence of pulmonary bleeding one or two days preceding her menstrual period. The author succeeded one time in merely delaying the attack by constricting the extremities as a prophylactic measure.

Intermittent Arteriosclerotic Intestinal Neuralgia.—Canaveri (il progresso., anno v, No. 5, 1906) reports the case of a man addicted to the excessive use of tobacco who exhibited two daily attacks of severe abdominal pain lasting for a period of from two to five hours, and associated with attacks of angina pectoris. He attributes the excessive use of the tobacco as etiological factor, as its discontinuance was followed by an immediate cessation of the attacks, which again became manifest upon its use. Cavaneri quite agrees with Otner and Warburg, who regard these attacks to be the result of an ischemia through an arteric-solerosis of the superior mesenteric artery causing disturbances in the nerve endings.

A Rare Foreign Body in the Rectum.—Heyermans (Lanz's Surgical Clinic, Amsterdam, No. 8, 1906) records the extraordinary removal from the rectum of a fish-hook 3 cm. in length, to which was attached a piece of fishline 6 cm. long. The woman evidently swallowed the hook and line while eating fish ten days prior to the extraction. There were no symptoms manifest during its passage through the gastro-intestinal tract.

Tuberculosis Work in Europe.— Walsh (Bull. of the Johns Hopkins Hospital, Oct., 1906) concludes his manuscript as follows: Although the sanatoria in the United States are probably accomplishing better results in individual cases, we have not a sufficient number. Germany with only two-thirds our population, not one-tenth our area, and not one-twentieth our wealth, has more sanatoria, and is spending three times the money on them. We are not using all the means that might be employed to build and maintain sanatoria, like insurance companies, beneficial societies, etc. We are lacking in hospitals for advanced cases, and until we get them, wards in general hospitals should be set aside for the care of the tuberculous. Such wards in addition to caring for the consumptive will help in the education of the general physician, the residents, the nurses and the patients. The tuberculosis dispensaries as managed in France or Germany are the most important elements in the crusade against tuberculosis, and we are woefully lacking in them. A city of the size of Philadelphia should have at least half a dozen, and it has one. Baltimore should have three or four, and it has one. Such dispensaries might be supported as follows: One by the city (as in New York City) one by charity, and one by a combination of beneficial societies.

Diagnosis and Localization of Frontal Tumors of the Brain.—Stewart (Lancet, Nov. 3, 1906) remarks that in diagnosing a tumor of the frontal region we have to rely on (a) the presence of general symptoms of intracranial growth; (b) the presence of mental symptoms; and (c) the absence of focal signs pertaining to other regions of the brain. For localization we must study the nature of any fits which may occur and be guided by the

following signs: 1. Those homolateral to the tumor; (a) the earlier development and greater intensity of the optic neuritis; (b) the presence of a fine vibratory tremor in the extended limbs; (c) the presence of focal cranial nerve symptoms; and (d) the presence of local external signs; 2. The contralateral to the tumor; (a) diminution or loss of the superficial abdominal or epigastric reflexes; (b) the presence of an extensor or indefinite plantar response with increase of the deep reflexes; and (c) hemipareses. Though one or more of these signs may be absent it will be found that the majority of cases of tumor of the frontal lobe can be accurately diagnosed and localized, and this is the more important, as there is no other region of the brain, with perhaps the exception of the cerebellum, in which surgical interference can be advised with a greater prospect of success and with so little danger to the subsequent physical and mental condition of the patient.

Structure and Functions of the Thyroid and Parathyroid Glands.—Lando (St. Paul Med. Jour., Nov., 1906) offers the following conclusions regarding the present status of our knowledge concerning the function of both the thyroid and parathyroid bodies: The thyroid gland alone is not essential to life. The thyroid gland produces an internal secretion characterized by its contents in iodin. This secretion in itself poisonous is further decomposed before being absorbed by the blood vessels and lymphatics, and these decomposition products are necessary for the proper functions of the tissues. Excision or atrophy of this organ results in loss of this secretion and consequent malnutrition. Overproduction of this secretion leads to an autointoxication. The parathyroids are even more essential than the thyroids, and their insufficiency alone produces the symptoms of tetany. The thyroids can in part replace the action of the parathyroids, but not for any length of time; however, the reverse is more compatible with life, and lastly, only by the combined functions of both structures is perfect health possible.

Schmidt's "Regulin Treatment" in Chronic Habitual Constipation.— Voit (Muenchner Med. Wochenschrift, No. 30, 1906) remarks on the regulin treatment in chronic constipation. At the Congress of "Natural Scientists," held in Meran in 1905, Schmidt advanced the hypothesis that in chronic habitual obstipation there is a hyperdigestion in comparison with the normal digestion of food, so that the residue is unsuitable for the development of the intestinal bacteria, the decomposed products of which act as a mechanical peristaltic stimulus. On this assumption he fed such patients with an indigestible nutrient medium, consisting of agar agar, to which is added a twenty per cent aqueous solution of cascara sagrada, the latter a chemical stimulant. To this preparation he has given the name of regulin, and is now placed on the market by the firm of Helfenberg. Regulin is almost tasteless and may be given with potato pureé or mixed with apple sauce. The dose is one tablespoonful daily, or if there is no response after several days, two tablespoonsful may be given in either a single or divided dose, as the preparation is absolutely harmless. The agar agar passes the gastrointestinal tract in an unchanged condition, acting only in the capacity of a nutrient agent for the development of the intestinal bacteria. The amount of cascara contained in the preparation is insufficient to promote bowel movement, and, therefore, the effect cannot be attributed to the latter. Schmidt in his first communication (Muenchner Med. Wochenschrift, No. 41, 1905) reports good results in two-thirds of his cases of chronic constipation. Voit highly lauds the preparation detailing the results of its administration in twenty-five cases, some of which were extremely obstinate with most gratifying results. His success was even a larger percentage than in Schmidt's recorded cases. Voit also suggests that abdominal massage and electricity may be advantageously used in conjunction with the administration of regulin. It is, of course, to be understood that regulin is not to be used in the sense of a cathartic as castor oil and the like.

The Practical Significance of a Trace of Albumin in the Urine.—Tunis (Amer. Jour. of the Med. Sciences, July, 1906) concludes his paper on the subject as follows: 1. From any point of view the term "physiological albuminuria" is almost universally regarded as misleading, unsatisfactory and inadequate. 2. As long as albumin is a constituent of the urine the individual voiding it cannot be regarded as normal. 3. The mortality among such must be necessarily higher than among an equal number of individuals who do not show this phenomenon. 4. The mortality rate among this class can best be approximated by a comparison of the records of half a dozen of the largest life insurance companies over a period of twenty years at least. 5. The prompt means of discriminating between transient albuminurias and those of real clinical significance may be found in some such therapeutic test as that of calcium lactate rather than by any further developments in the chemistry of the urine. 6 Experience shows that a faint trace of a

bumin in the urine of an individual past middle life is often of greater significance than a decided trace by unexpectedly directing attention to the finding of casts of pathological significance which might otherwise have been easily overlooked. 7. For practical purposes the heat and nitric acid test is the best, and the use of Robert's solution (1 part nitric acid to 5 parts of saturated solution of magnesium sulphate) the most satisfactory control test in doubtful cases. 8. For the proper diagnosis and prognosis, too much stress cannot be laid upon a thorough consideration of the clinical conditions as a whole.

Detection of Sugar in the Urine and Its Significance in Connection with Life Assurance.—Kellar and Wetherad (The Lancet, Oct. 27, 1906) considers the following method as the most convenient when testing for sugar in the urine for life insurance purposes. Either dilute the urine until its specific gravity ranges from 1012 to 1015 (a urine with a specific gravity from 1025 to 1030 would require dilution with an equal volume of water) and then mix with an equal volume of Fehling's solution, or add a large proportion of Fehling's solution, as indicated above; then boil for a few seconds. If no precipitate forms within two minutes it may confidently be concluded that there is no sugar present of pathologic import; 0.4 per cent or more would generally render such conditions given an orange to red precipitate within one minute of reaching the boiling point, while from 0.2 to 0.25 per cent would give a precipitate within two minutes. They further state that these safranan tests if used as an auxiliary to the Fehling test might alone be sufficient to settle troublesome cases in which small quantities of sugar and large quantities of creatinin cause the latter test to be uncertain.

Neurasthenia.—Richardson (Med. Record, Nov. 10, 1906) classifies the etiologic factors of neurasthenias under the following four heads: 1. Mental strain; 2, disturbance of digestion, malnutrition and autointoxication; 3, toxemia from infectious diseases; 4, traumatism and shock. The vasomotor system is apparently the one principally affected. All emotions act on this system of nerves. A gouty constitution is an important etiologic factor from a therapeutic standpoint. In instances of this kind the urine is intensely acid and the carbon nitrogen factor is very low.

Achylia Gastrica.—White (Boston Med. and Surg. Jour., Nov. 8, 1906) gives a general description of this condition basing his observation on nine cases of the disease seen in 235 consecutive cases of chronic disease of the digestive organs. He emphasizes the following points: Simple achylia gastrica is a relatively common condition. It made up nearly 5 per cent of this group of cases. The diagnosis must be made from the physical examination of the patient and his stomach contents and feces. The symptoms are not characteristic. Cases in which there is entire lack of hydrochloric acid secretion, but in which very minute traces of pepsin or rennin are retained are not achylia in the strictest sense of the word, but are best classified as achylia. In making the diagnosis of gastric cancer, remember the frequency of simple achylia, which may resemble it closely. The examination of the feces for invisible blood is especially useful here. The etiology of simple achylia is unproved; its course suggests a functional origin. Its most satisfactory treatment is hygienic and dietary.

Diagnosis of Carcinoma of the Stomach.—Kerr (Medicine, Nov., 1906) says that it is necessary to study each case that presents itself from every point of view, that the diagnosis can only be made on the entire disease picture; that where the picture is fairly complete the diagnosis is fairly certain; that where the picture is incomplete, doubt enters in direct proportion to the incompleteness. Certain factors have a strong negative value. The presence of free hydrochloric acid, for example, is strong evidence against carcinoma, while the presence of lactic acid and the Oppler-Boas bacillus is presumptive evidence against anything else. The clinical course will usually clear up the diagnosis. But it is just this last state of mind of the practitioner and internist that the surgeons are up in arms against, and it must be admitted they have a good deal to say on their side. It must be clear that if doubt in the diagnosis exists in some cases up to the autopsy, still more cases must be in doubt at the time that operative interference would be of value. We must then consider the final diagnostic aid that we possess—that is, exploratory laparotomy. The indications for this measure should be strictly, but not too strictly limited. It may be said that when there is a competent operator at hand, there is comparatively little danger in an early exploratory incision. The indication is a reasonable suspicion that cancer is present, and not, as has been the rule, a reasonable certainty that such is the case. Kerr is convinced that only in this way will the operation be of value. The question of what to do after finding a cancer present, and, in fact the recognition of the cancer at the operation belongs to the surgeon. The author does not wish to be understood as ad-

vising explorations in all cases of gastric trouble and especially not where advanced cachexia, etc., leave only the location of the cancer in doubt. Even here, however, an operation may uncover an erroneous diagnosis of malignancy and good follow. Each case may be judged on its merits, and each finding weighed by itself. It is useless to put down points present in one and absent in another in parallel columns and then strike a balance, as is done in some text-books. One must have an idea of the relative value of factors that is only gained by clinical experience, and one gets clinical experience best by his mistake. He is not so apt to forget them.

The Role of the Medical Profession in Combating the Social Evil.—Anders (Medicine, Nov., 1906) says the most effective work in improving public morals is to be accomplished through organized effort, in which the medical profession must bear the "heat and burden of the day" in the matter of investigating existing conditions and indicating the means that promise to minimize, and finally to eradicate, if possible, this well-known evil. The profession should adopt a general plan of action if it would hope to execute a winning crusade against evil. The author suggests the following skeletal outline of such a plan: 1. A campaign of education which is to be extended primarily to the mass of the medical profession; this should embrace (a) agitation through co-operative effort on the part of high-class journals, medical writers, and medical organizations, with a view to giving enlightenment to that profession, and (b) the proper training of medical students not only in the widespread significance of the physical ailments resulting from moral indulgencies, but also the moral responsibility involved in this gravely menacing evil. 2. The education by the medical profession of the people, more particularly the rising generation, either directly or with the aid of the parents. 3. The medical profession should invite the co-operation of sanitarians, statisticians, philanthropists and public-spirited citizens in general. In order to effectively carry out this work a perfect and complete organization of professional and lay forces animated by a unity of purpose and action is absolutely essential. 5. Governmental supervision, which should partake of a sort of parental care or oversight, and special municipal regulations, are to be recognized as auxiliary agencies of considerable value in suppressing social evil.

A New Test for Free Hydrochloric Acid in the Gastric Contents.—Simon (Berliner klinische Wochenschrift, Oct. 29, 1906) proposes a reaction for the determination of free hydrochloric acid in the stomach contents, which he claims is just as delicate as those now in use. The test is as follows: A small amount of pure powdered guaiac resin is dissolved in five c.c. of a mixture composed of ten grains of spirit of nitrous ether and forty grains of alcohol. Several c.c. of this freshly prepared reagent are carefully poured on the surface of about five cc.. of filtered stomach contents contained in a test-tube. At the point of junction of the two fluids a grayish precipitate of the resin forms. If free hydrochloric acid is present this ring changes to a distinct blue in a few seconds, or if only very small amounts of acid are present, the ring becomes distinctly green. The test depends on the liberation of the nitrous acid from the ethyl nitrite by the free hydrochloric acid and this oxydizes the guaiac resin, thus producing the blue color in the same manner as in the well-known test for hemoglobin. The presence of large amounts of lactic acid may give the same reaction, but for analytical purposes it is never present in sufficient quantities in the stomach contents to be a source of error.

Mixed Treatment for Syphilis.—

℞ Hydrargyri iodidi rubri..... gr. j
Potassii iodidi..... ʒ iv
Syr. sarsaparillae co.....
Aquae.....aa ʒ ij—M.

Sig.: A teaspoonful thrice daily, after meals.—R. W. Taylor.

Rapid Cure for Scabies.—The cure of itch in an hour and a half is said to be attainable by the method practised by Sabouraeud (Bulletin général de thérapeutique, November 30, 1906). The patient is first rubbed for half an hour with black soap (green or soft soap); he then takes an alkaline bath for half an hour. After coming out of the bath the entire surface of his body is to be well rubbed with:

℞ Oil of verbena.....
Gum tragacanth.....aa 1 part
Precipitated sulphur..... 100 parts
Glycerin..... 200 parts

To be well mixed.

A final bath is then to be taken, lasting from fifteen to twenty minutes. The clothing and body linen must be disinfected. During the fortnight succeeding this treatment four baths of starch water are given. In case there should be cutaneous irritation, local applications of ointment of zinc oxide are used.—N. Y. Med. Jour.

SOCIETY PROCEEDINGS

THE ST. LOUIS MEDICAL SOCIETY—A REVIEW OF ITS WORK FOR 1906.*

BY GEORGE HOMAN, M.D., President.

In reviewing the year's work the fact of first importance to be noted is that the society now enjoys what it never possessed before, namely, a home of its own—an undertaking which reached its consummation last September when the new building was opened and formally dedicated to the professional purposes and work of this body.

THE SCIENTIFIC SIDE.

The scientific work of the society has been so well developed and presented through the zeal and abilities of the committee in charge that it will be difficult to surpass the year's record in excellence and variety, but notwithstanding the high mark thus set no relaxation of effort should be allowed in the work of putting Missouri medicine where it properly belongs, in the forefront of scientific progress and accomplishment.

THE SOCIAL SIDE.

But this is only a part of the proper purpose and scope of an organization which presumably stands for all that is best in the local profession, and whose attitude and advancement must be the index and measure of the importance of that profession to the community of which we are a part—a part either influential or insignificant, as we ourselves must determine.

A development that is not symmetrical, an apparently purposeless act, a movement that is halting or uncertain may fairly raise a doubt in the minds of observers as to the soundness and capacity of the body observed, and if any criticism may be indulged it is that this organization has developed but one set of its faculties—the scientific side having been cultivated to the almost complete neglect of the equally important social side, these two being complementary in their normal functioning.

The time appears ripe for remedial action in this respect, and having come into ownership of a structure suited to the full, unhindered presentation of scientific themes and thoughts the securing of proper facilities for the equally necessary social development must claim our earnest attention, and it is urged that this matter be carefuly considered and overtures made in the proper direction looking to the acquisition of quarters and accommodations where the obligations of social life may be appropriately discharged and the claims of hospitality fittingly recognized.

BUSINESS MATTERS.

As new occasions teach new duties so progress and development impose new obligations, and whereas in former years the society had almost no property interests to be cared for, now with the acquisition of real estate, and other possessions, a demand arises for skilled consideration and careful business handling of such matters.

These interests are now in charge of a special committee on business affairs and expenditure, the creation of which this year grew out of the necessities of the situation, to meet which creditably called for experienced judgment and proved capacity.

These demands have been recognized and ably met, but the fact remains that this committee was in a sense improvised for the occasion, and in justice to itself the society should provide for the creation of a standing committee charged with the care and safeguarding of all its business concerns. It is imperatively necessary for our welfare as a body that strict oversight shall be exercised, and approved business methods adhere to, as otherwise wastefulness, loss, or embarrassment are almost inevitable.

Notwithstanding the unprecedented demands on the society's treasury during the year all claims have been met, but experience has shown that with the changed conditions due to the reorganization of the profession the commission heretofore allowed the treasurer, and amounting, to several hundred dollars annually, may now be retained for the uses of the society, as a responsible financial institution proposes to collect dues, pay bills, keep accounts and render statements as required without charge, and in addition allow interest on all current deposits.

In connection with the subject of expenditures it may be remarked that the dues now required to be paid to the State Medial Association are felt to be burdensome, and that a reduction of fifty per cent would more readily accord with existing conditions.

INCREASE IN MEMBERSHIP.

The associate membership has been increased more than twenty-six per cent this year, many members contributing to this result by bringing in their friends, and the society was also incidentally benefited to some extent by a canvass of the profession made for another purpose.

COMMITTEE WORK.

The regular work of the society falls chiefly on the Executive, Elections, and Public

*An address delivered at the annual meeting December 29, 1906.

Health and Legislation Committees and these have all been most efficient within their several spheres.

Mention has been made of the high quality of the work presented in the weekly programmes of the first-named committee, the contributions to which speak for themselves.

The Committee on Elections has been equally diligent and conscientious in its work, and the notable gain in membership is in no small measure due to the good judgment and sound efficiency shown by its members.

To the Committee on Public Health and Legislation is due credit for the inception of methods and measures looking toward a cleaning of the advertising columns of the daily press with respect to nostrums, and certain diseases and physical conditions, and the punishment of medical offenders that cannot fail to have a salutary and far-reaching influence. This movement has received the financial support of many leading business men, and the moral countenance and aid of other professions, and if the proposed changes in the statutes can be brought about it is believed that the work of checking evildoing and punishing crime will be made much less difficult than it now is.

The report of the Committee on Publication and Debate presented early in the year making award of the proceedings of the society followed the customary precedents, and the performance of the contract has given fair satisfaction, but in this connection the question must arise whether it would not be a more dignified attitude for this body to report its own discussions and give copies to all medical publications expressing a desire for such matter.

The Library Committee has had under consideration a recommendation proposing the collection and preservation by the society of the literary work of its members in the form of reprints, or memoranda giving title, date, and medium of publication, as it is believed that a library of this kind would in time possess great professional interest and at least local scientific and historical value.

SPECIAL COMMITTEES.

The work of some of the special committees has been of exceptional merit and value.

The functions of the Committee on Building ceased with the completion of its work, and in recognition of the well-earned thanks of the society were cordially and formally extended.

The Committee on Finance has continued the task of raising funds for the new building, and has accomplished what would have been considered impossible a few years ago, and this record promises to be even further bettered as the need in this direction is not yet ended.

The proposed amendments to the city charter providing for a better system of administration of the public hospitals, which were reported last winter by the committee in charge and adopted by the society, will if carried prove of substantial advantage to both the profession and the public; and if they shall be brought to a vote at the election next spring the Committee on Ward Organization should be placed in a position to do effective work in furtherance of the cause.

The Committee on Revision and General Wellfare has rendered a valuable service in the careful revision of the constitution and by-laws, the draft of which now await the society's action.

By the resolution creating it this committee is charged with the duty "to consider the reports and recommendations submitted at the annual meeting . . . and otherwise to promote the welfare of this body." Therefore such reports for this year will be so referred; and it is recommended that this committee be made a permanent one as the official experience and knowledge of recent ex-presidents would be made use of in this way to the manifest advantage of the society.

The committee named last spring to take notice of the plans, progress, etc., of the State sanatorium for early consumptives, should be made the means whereby the local medical profession may be kept informed as to the conduct of affairs at that institution—which for a time must be of a somewhat experimental nature—and the administration should be jealously watched, so that no failure chargeable to the medical profession shall occur, and that all possible benefits to those for whom it is intended may be realized.

CALIFORNIA RELIEF.

The contributions made on the initiative of this society last April for the relief of physicians and their families in California, following the earthquake calamity, were both prompt and liberal, and the principal part of the funds thus donated had reached the hands of the San Francisco committee on May 10th, a record of promptitude equalled by only one other city in this country.

While the closing year has been fruitful of much that is good in purpose and accomplishment still this should be held to be merely an encouragement and obligation to members to go further and do better. Therefore, with sincere acknowledgments to the many who have heartily aided in achieving the progress noted this year, let all resolve

that it is but a foundation for what shall be broader, better and higher in the years yet to come.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-second Annual Meeting, held at Hot Springs, Ark., November 6, 7, 8, 1906.

ABSTRACTS OF PAPERS.

Metabolic Aspects of Overfeeding and of Unfeeding.—Dr. Ralph W. Webster, of Chicago.—(This paper appeared in full in issue of November 10.)

Intestinal Obstruction; with Observations on Its Surgical Treatment.— Dr. H. O. Walker of Detroit, Mich., reported eleven cases of intestinal obstruction in which he had operated since May 16 of this year. Seven of them were chronic, two of which became acute, making practically six acute and five chronic cases of obstruction of the bowel. Six were of the small intestine, five of the large. Two of these cases involvd both small and large intestines. The mortality was five, making a percentage of 45.5 percent, a much better record than was usually obtained, yet he firmly believed that had he seen these cases earlier there would have been little doubt that three of the five who died could have been saved, showing that the great mortailty, as Moynihan puts it, was "the mortality of delay." The advantage of early diagnosis and early operation could not be emphasized too strongly. While collapse might be an early symptom of intestinal obstruction, it was not characteristic, but indicated severe peritoneal nerve irritation. Pain was sudden and agonizing in character, which was also an evidence of severe peritoneal irritation, described as colicky with exacerbations, and was persistent until general peritonitis or intestinal gangrene supervened. Vomiting was almost always present at the onset, was incessant and plentiful. The character of vomit was as follows: (1) Stomach contents; (2) bile and mucus; (3) stercoraceous, either with or without fecal odor. Liquid fecal vomit was a late symptom and had a very foul odor, as was observed in case six of internal strangulated hernia at a point in the lower ileum, caused by a back action peristalsis. Abdominal rigidity was not an early symptoms in intestinal obstruction such as was found in appendicitis or other localized peritoneal inflammation. Rigidity and tympany were very late symptoms. Peristalsis could be seen occasionally in emaciated subjects with thin abdominal walls where chronic obstruction of the bowel existed.

Toxemia of Pregnancy.—Dr. D. M. Hall of Memphis, reported a case of toxemia of pregnancy, and in reviewing it said there were several unusual features about it. There was a clear history of an attack of uremia with the usual symptoms of edema of the lower extremities, suppression of urine, albuminuria, headache, blindness, and convulsions. Several years later a similar attack occurred during the eighth month of pregnancy, but whether this was uremic or eclamptic was questionable. Later on an attack came on suddenly during the second month of pregnancy. This attack was accompanied by nausea, vomiting, headache, intense aching and restlessness, suppression of urine, albuminuria, diminution of urea, and acute splenitis, but no edema, blindness, or convulsions. During the eighth month of this pregnancy there was a sudden attack of nausea, attended by vomiting, intense aching and restlessness, pain and tenderness over the liver, lessened quantity of urea and urine, but no splenitis, headache, blindness, albuminuria, or convulsions.

Nonlithogenous Obstruction of Biliary Ducts.—Dr. A. H. Cordier of Kansas City, Mo., said that for years gallstones were the only condition that received much attention from the pathologist and surgeon. Further clinical study, operative and post-mortem findings, had demonstrated beyond doubt that gallstones were the result of a pre-existing diseases of the ducts and gall-bladder, and that in the great majority of instances this disease was of bacterial origin. It was claimed that those of sedentary habits, and insane patients were especially prone to the formation of gallstones, and that at post-mortems a large number of gallstones were often found in patients who had died of other diseases, and who during life had not manifested any symptoms of gallstones. This latter statement was used by some even today as an argument against the surgical management of these cases. Gallstones did not form in a few days; they were late manifestations of a pre-existing disease. The gallstone cases with which the profession was familar presented typical histories. The author spoke of stricture of common duct, saying that it might have its origin in the long incarceration of a stone, the stone later passing into the duodenum or ulcerating into the bowel. In that event no stone would be found at the time of operating. Numerous instances of this kind had been reported. Drainage of the gall-bladder externally would become less and less a procedure resorted to as surgeons appreciated more that the gall-bladder, like

the appendix, when full of strictures, was best taken care of in a specimen bottle filled with a good preservative.

There was a class of cases presenting an obscure train of symptoms pointing to the vicinity of gall-bladder and biliary ducts as their source. For instance, a vague sense of uneasiness; occasionally painful spells lasting a few minutes, with attacks of indigestion and painful flatulency. At the operation no stones were found; no stricture of the ducts was discovered; no visible changes in the gall-bladder were discernible; in fact, nothing was detected except a few adhesions between the cystic duct and common duct or duodenum. A separation of these adhesions, with a liberation of the bound-down ducts and viscus from the constantly nagging, distended stomach and intestines, would, as a rule, bring relief to the patient. If an obstruction was located in the cystic duct, and the gall-bladder escaped, the usual contraction due to the presence of a cholecystitis, this viscus might continue to manufacture mucus, and if infected, as it usually was, a mucopurulent distension took place, and a pyriform retention cyst was produced, usually detectable below the border of the liver in emaciated patients. In this condition jaundice was absent, and the patient would have fever and stomach and intestinal digestive disturbances. These cases were especially liable to recurring attacks of fever, as the absence of bile in the gall-bladder robbed nature of one of the most efficient inhibiting bactericidal fluids. These were fit cases for a cholecystectomy, as drainage of the gall-bladder was too uncertain in its curative effects, the opening either refusing to close, or if it did close, the symptoms were renewed.

When the complete obstruction of the duct was the outcome of a long impacted stone resulting in a cancer, the diagnosis of the latter was extremely difficult before operation. Cancerous obstruction occurred most frequently in the lower portion of the common duct. This was likewise the location of most lithogenous obstructions. In determining the existence of an obstruction, its location, extent, character, and time of operating, he had for fourteen years resorted to hydrostatic pressure, by introducing through an aspirating needle into the gall-bladder a saline solution from a moderate height, or if this viscus had been opened, the nozzle of an irrigating syringe, or if the common duct had been opened, by irrigating directly into the duct. In cases in which the duct was embedded in a mass of adhesions and had lost its identity, it could be made to stand out distinctly by water pressure introduced through the gall-bladder, provided the cystic duct was patent. By this same process the patency of the duct, after removal of one or more stones, could be determined, as he had on several occasions run-rather a large quantity of saline solution directly into the duodenum through the gall-bladder, cystic and common ducts. As a means of determining the security of the duct stitching, where the opening in this canal was closed by suture, this method was invaluable, as disappearing stones and other debris could thus be washed out of the biliary tract.

Operative Work for Hypertrophied Prostate.—Drs. Bransford Lewis and C. E. Burford of St. Louis contributed a joint paper on this subject, cited illustrative cases, and exhibited a number of interesting specimens. They presented the following conclusions: (1) Prostatic cases, if correctly estimated and judiciously treated, are now among the most satisfactory that seek the aid of the surgeon; (2) diagnosis, both accurate and comprehensive, is essential to the attainment of such success and satisfaction; (3) not all cases of enlarged prostate produce obstruction; (4) not all cases, even though producing obstruction, require operation; (5) not all cases that are producing obstruction and do require operation demand the same operation; (6) not all cases of prostatic obstruction are produced by enlargement or outgrowth; some are produced by definite contraction of the vesical neck, no hypertrophy being present. It is impossible to determine such conditions by palpating per rectum only; (7) the retrograde cystoscope is the most serviceable aid attainable in determining these questions, in respective cases, hence its value in this work is inestimable; (8) experience proves that neither advanced age, depression of health, nor disease of the heart or kidneys debars the patient from the hope of operative relief. Operation reclaims many, even after they have suffered uremic attack; (9) the longer required operative measures are postponed the greater the likelihood of establishing spreading infections and renal involvement, conditions much less amenable to surgical relief than simple obstruction at the vesical neck; (10) three weeks should be sufficient to demonstrate how much may be expected from palliative treatment, after which any operative treatment necessary should be carried out as soon as possible. Delays are dangerous.

Drs. Martin F. Engman and W. H. Mook, of St. Louis, Mo., gave lantern slide demonstrations of the spirocheta pallida in various syphilitic lesions.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

The Medical Fortnightly will not be discontinued at expiration of subscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

THE SPIRIT OF THE MEDICAL PRESS

SYMPOSIUM ON VENEREAL PROPHYLAXIS*

PUBLICITY AS A FACTOR IN VENEREAL PROPHYLAXIS.—P. A. Morrow, New York declares that the concealment of facts regarding venereal diseases is a factor in perpetuating the evils attending them. The value of publicity in the suppression of evils has been amply demonstrated of late, but the venereal evil furnishes the most conspicuous example of an evil that flourishes in darkness and owes its power for mischief to the obscurity to which it has been relegated by traditional prejudice. Publicity here is desirable, he says, and is absolutely indispensable to the success of plans for prophylaxis. To the question, is publicity practicable, he answers that it is, and that the sentiment that forbids the open discussion of the subject has no place in the counsels of preventive medicine. Though the newspapers are not available, physicians can work with tracts, pamphlets, conferences, lectures, meetings of medical societies to which the public is invited. Another valuable agency would be a journal of popular medicine, devoted to the study and prevention of all communicable diseases, especially those spread in the ordinary relations of social life. Such alone has already been projected. He believes the present a favorable time to dispel the indifference of the public regarding this evil and to bring about reform.

THE MEDICAL PROFESSION AND VENEREAL DISEASE.—According to W. J. Herdman, Ann Arbor, there are three leading fallacies that the medical profession must first attack in their combat with venereal disease: 1, The physiologic one, that continence, in sexual life is in any way injurious to him or her who practices it; 2, the social one, that premits one standard of recognition for the man and another for the woman who has fallen from virtue; and 3, a fallacy of method, built on a misconception of the factors of the problem, and consisting in the prevalent belief that an infraction of the normal law with its evil moral and physical effects, can be repaired by any system of legal restraint or license directed to the physical effects alone, especially since such legal control must of necessity be partial and incomplete. These must be cleared away before much can be done. The present machinery of the American Medical Association, he states, affords an excellent means of providing the needed education of the public. It should have a standing committee as a central nucleus, charged with the duty of collecting statistics, disseminating literature, furthering legislation, etc., and the state medical societies should have corresponding committees, while the work should be carried further, through the county societies, health boards and official boards of education, teachers and church organizations. A whole systematic plan of campaign is sketched out which has been already adopted and carried out by the Michigan State Medical Society. It needs no prophet, he says, to anticipate how fruitful of good results such a systematic and thorough plan of enlightenment will be against this great evil.

THE DUTY OF THE STATE TOWARD VENEREAL DISEASES.—H. D. Holton, Brattleboro, Vt., says that, before we seek aid from the state in combat against venereal diseases, there must be a strong public sentiment which will sustain action by author-

* Abstracts of articles appearing the Journal of the American Medical Association, October 20th.

ity, and there must also be a strong demand for state intereference. All this can only be brought about by an educational movement beginning at the home and continuing through the high and preparatory schools and college. It is quite possible, too, that the medical profession will have to be educated along the line of duty; it has hardly done its duty yet in this matter. The obtaining of the needed information to carry on the work of prevention should be the first thing undertaken, and he reproduces the circulars approved to be sent out to physicians by the Conference of State and Provincial Boards of Health of North America, asking for data as to cases of syphilis and gonorrhea, and giving information as to their avoidance and prevention. So far as Holton is informed, these circulars have only been sent out thus far in the states of Ohio and Vermont. If all cases were reported to boards of health, as other communicable diseases are (without names), so that a fairly accurate estimate could be made of the number of cases occurring, the number of each disease, how acquired, innocently or otherwise, and the effects on procreation, we would have a foundation on which to work for prevention.

Venereal Diseases in France.—T. Tuffier, Paris, France, describes the methods now employed in France to check the spread of venereal disease. They consist in the police control (reglementation) of prostitutes and resorts, and educational methods. The latter are carried on by lectures, distribution of pamphlets, etc., and there is an active Society of Prophylaxis composed of physicians, surgeons, obstetricians, eminent lawyers and police officials which meets monthly to consider important matters connected with the subject and which has accomplished definite results. The police regulation of women appears to be limited under the French law to those actually soliciting, and the need of more frequent examination by skilled venereal specialists and increased facilities for treatment is recognized and sought to be provided for. Most physicians believe that there should be a special service in all general and special hospitals to meet the necessities of this class of cases.

The Teaching of the Public Regarding Venereal Diseases.—A. E. Carrieer, Detroit, sees no reason why a child should not be taught the care of the sexual organs as well as that of the eyes or other organs. The instruction should begin as soon as the children become curious, and if they do not receive instruction from proper sources, we may consider it most probable that information will soon be given from improper ones. The need of accurate statistics of the effects of venereal disease is mentioned and the dangers of the common errors regarding gonorrhea and syphilis are pointed out. The public, he states, should be instructed as to the chronicity of these disorders and the difficulty and uncertainties of their cure. The danger of syphilitic inheritance is another matter that should be especially emphasized. If we could discuss these matters with the public with the same freedom as we can the subject of tuberculosis, for example, much would be gained. The need of better hospitalization facilities for venereal diseases and of some sort of legal control of prostitution are also matters that should, in his opinion, be demonstrated to the public.

Teaching Regarding Venereal Disease.—G. Whiteside, Portland, Ore., believes that, as regards venereal disease, we must rely on the prophylactic value of very early education, and that it would be better if every mother could teach her children the anatomy and physiology of the sexual organs as soon as they are able to understand it, than to have them wait till puberty and acquire erroneous ideas in the meantime. Boys at the age of 15 or 16 could be instructed as to the nature and dangers of gonorrhea and syphilis, best by some physician and not to frighten them but simply as information. With older men such instruction is less effective. Girls of the better class should understand their anatomy and physiology, but why tell them of venereal disease or loathsome sexual perversions? Girls who have no one to look after them should, for their own saftey, be as well informed as the boys are, and should be especially instructed as to the dangers of drink and of abortion. Whether such measures will make the world better he is doubtful, but we can not be sure without a trial.

Instructions Regarding Venereal Diseases.—Bransford Lewis, St. Louis, holds that, for the public safety if for no other reason, the laity should receive instruction regarding venereal diseases and their dangers. The nature of the three diseases should be described and their modes of dissemination, especially the fact that they can all be acquired by other means than sexual intercourse, but that syphilis is especially dangerous on account of the contagiousness of its manifold lesions as well as by the blood of infected individuals, and the chances of the innocent acquisition of the disease are thus vastly increased. The far-reaching consequences and complications of these diseases should also be made known; their relations to matrimony and heredity, their longevity

and mortality should be fully made known to the public generally and the popular misconceptions thoroughly corrected. The dangers of gonorrhea to innocent wives and the fact that, contrary to current belief, it outranks syphilis as a direct cause of death should be explained. The conditions of cure of these diseases must be understood before entering into marriage relations or in any way exposing others to the infection.

THE PREVENTION OF SYPHILIS AND PROSTITUTION.—C. G. Cumston, Boston (October 27), considers the extinction of syphilis not altogether a chimerical dream, but states that the idea is utopian in the present state of society. One of the most important means at our disposal, he thinks, is hospitalization, and this should be special for this class of disorders, since the end to be attained is prophylaxis, and the first condition to fulfill with this end in view, when dealing with venereal disease, is isolation. This should include not only voluntary hospitalization of those who would not willingly transmit their disease, but also obligatory hospitalization of prostitutes. If, he says, we could sterilize prostitution as we sterilize our surgical instruments the gonococcus and the spirocheta pallida to a great extent would be removed from our list of pathogenic organisms. Cumston considers the woman as the most guilty party in the spread of syphilis and venereal disease, as in the male, he says, there is no homologous condition to that of prostitution in the female. Another excellent measure for the prevention of both venereal disease and prostitution is the proper education of the young of both sexes in sexual matters, and this should be given at the age at which, in each individual case, such instruction becomes necessary for the purpose of moral and physical prophylaxis. He believes that the public should be specially instructed as to the dangers of gonorrhea, from the consequences of which so many innocent women are sufferers. The part played by alcohol in the spread of venereal disease is also noticed. The foci of propagation of venereal disease are not limited to houses of ill fame, among them he enumerates "the comic opera company, the private dining room, the furnished lodgings, the apartment house on the 'easy virtue' style, the steamboat stateroom, the massage and manicure parlors, the automobile, the electric baths, the fortune-telling outfits, and lastly, the avowed "maisons de joie." The down-town office building and the bachelor apartment houses are also included by him in this category. Lastly Cumston mentions the false position of the law and of public opinion as to this matter, the condonation of sexual criminality in the male, and the comparative education above their class of working girls and the low salaries they receive, as well as the lowered conception of marriage, as factors to be counted in the problem.

RAPID PROGRESS MADE ON EXHIBIT PALACES FOR JAMESTOWN EXPOSITION.—All of the large exhibit palaces of the Jamestown Exposition are rapidly nearing completion, and a large number of buildings and pavilions will be in readiness for the installation of exhibits by March 1st, nearly two months before the date appointed for the formal opening of the exposition. The Manufactures and Liberal Arts building, one of the largest of the group, is under roof. This structure is brick veneer with white staff (marble effect) trimmings, and is one of the most stately and imposing buildings on the grounds. Its sister building, Machinery and Transportation, is about ready to be roofed, and in style and finish will be similar to the Manufactures auditorium and Administration building. In this structure is an immense convention hall with seating capacity for 3,000 persons. It is one of the handsomest and most artistic buildings ever constructed for an exposition, and its location commands a magnificent view of Hampton Roads. It is surrounded with an immense dome bearing a close resemblance to the one that ornaments the Library of Congress, at Washington, D. C. The frame-work of Mines and Metallurgy, Marine appliances, food products and several other smaller buildings is well under way, and under ordinary conditions will be completed within sixty days. Of the State buildings, those of Rhode Island, Virginia, Maryland, New Jersey, Pennsylvania and Ohio will be completed by January 1. The Inside Inn with accommodations for more than 2500 persons will also be completed by that date. The buildings ready for exhibits include the Arts and Crafts, Mother's and Children's and Hospital. Work of construction on the government buildings and pleasure piers has begun and will be vigorously pushed to early completion. A large corps of workmen is engaged in macadamizing the numerous beautiful streets and boulevards, and expert landscape decorators are laying out innumerable designs for the floral decoration. While the Jamestown Exposition is to commemorate the greatest historical event in history—the founding of the first English speaking settlement in America, at Jamestown, Va., in 1607, yet the industrial and commercial displays will form no small part of the celebration.